

A Thorough Assessment of Nausea and Vomiting in Pregnancy and Hyperemesis Gravidarum

The assessment questions below and suggested investigations will help you ensure you are covering everything and give you the opportunity to answer the woman's questions and concerns. Without a thorough assessment, you can't go forward with developing a care plan, so taking the time to go through these questions is valuable. We have tried to keep them applicable to both the community and hospital setting as women with hyperemesis may present in a range of different settings. Due to this, some parts may be more or less relevant to your particular area of work. Our notes are in italics. We have used NVP rather than HG as a starting point as this is likely to be an assessment which will aid diagnosis of severity. However, if a woman has already been admitted with hyperemesis, then some sections will be less relevant.

General

- What stage of pregnancy from last monthly period (LMP) are you?
- Is this your first pregnancy?
- Did you experience nausea and vomiting of pregnancy (NVP) in previous pregnancy?
- If yes, was the NVP/HG better or worse than this pregnancy?
- How long ago did the NVP start, from LMP?
NVP usually starts about day 39 (5.5 weeks) from LMP. In about 13% of pregnant women, NVP will start before a missed period, and for 90% of women, NVP will start before day 56 from LMP.

Vomiting

- Are you vomiting?
- If yes, how long ago did vomiting start?
- How many times a day are you vomiting?
- Is vomiting getting more frequent?
- How much fluid are you vomiting each time – i.e. a cupful or a) more b) less?
- Have you been vomiting blood or bile?

Signs of Dehydration

- Have you got a dry mouth and lips?
- Is your urine very dark or of small quantity which you pass less frequently than 8 hourly?
- Does your urine contain ketones?
(Ketostix tests are available from a chemist or online about £6 for a container of 50). 3 or 4+ of ketones is a factor for immediate admission to hospital but any ketones should be considered for admission. Some women will know what ketones are, particularly if they have suffered HG before, whereas women in their first pregnancies likely will not.

Weight Loss

- Have you lost weight compared to your pre-pregnancy weight? If so, how much?
Loss greater than 5% of pre-pregnancy weight is significant and is one factor to be considered for hospital admission.

Nausea

- Do you have episodes of nausea?
 - Or, is the nausea constant?
 - If episodic, then do you keep a daily diary of your episodes so that you can judge when you will be able to eat and drink and be ready to do so?
 - If the nausea is constant, then is it affecting your ability to eat and/or drink?
 - Does anything make your NVP worse?
Usual replies include noxious odours, fried or fatty food, cooked food, meat or fish, tea or coffee, smell of perfume, cigarette smoke, being hungry, positional change, movement, fatigue, and others.
 - Does travelling make your NVP worse?
If distance to a hospital is a problem then consider if home IV is possible in their area.
 - Does anything improve your NVP?
Evidence-based advice includes the following points, but remember that for full-blown hyperemesis, eating and drinking at all may be impossible.
- 1. Eating and drinking.** *Eat what you like (according to current government guidelines for pregnancy), when you like, including your cravings, in small frequent quantities and when you first wake up, to prevent feeling too hungry. Drink what you like (according to current government guidelines for pregnancy). Try lemonade, cold water, sucking ice cubes, or sorbets.*
 - 2. Rest.** *Women say rest is the second most important way to relieve their NVP. Lying down when NVP is severe and after eating a meal is often effective. You will not be able to 'work off' NVP by taking increased exercise.*
 - 3. Avoid unpleasant odours.** *Your nose is your worst enemy at present, and odours which may normally have been no problem may now make your nausea much worse. You may smell odours no one else can detect.*
 - 4. Support.** *Get help if possible, with household duties, shopping, and with your children.*
 - 5. Avoid** *loud noises, bright lights, and other sensory stimulation.*
 - 6. Enjoy** *what you really like, for example, music, TV, DVDs, radio, reading, or whatever you can manage.*

Effects on Well-being and Lifestyle

- Does NVP affect your Activities of Daily Living (ADLs), that is, shopping, cooking, housework, parenting?
As soon as a woman's ADLs are affected, this indicates that safe effective medication, usually tablets, is advisable to treat NVP. Early treatment reduces the incidence of admission to hospital for HG.
- Does NVP affect your mood or attitude to life, for example, does it make you feel depressed?
50% of women with severe NVP feel depressed most of the time due to the condition.
- Does your NVP affect your partner's lifestyle or employment?
There is on line support and information for partners, and there is a section in this book for them.
- Do you have paid employment? If yes, are you allowed to take things easy at work or have time off?
Up-to-date information about employment rights is on the PSS website.

Treatment

- Are you taking a pregnancy vitamin with folic acid?
- Have you taken any complimentary or alternative treatments for nausea for NVP, for example, herbal treatment, ginger, anything from a health food shop, or used acupressure bands? If yes, what was it, and was it helpful?
Asking what they have tried is very different to suggesting that they try these things. Knowing what they have already tried will aid your assessment and help them feel listened to. It is also an opportunity to discuss evidence-based treatment and risk/benefit assessments.
- How do you feel about taking tablets to treat your NVP if you were sure they would not affect your baby?
Here, you can reassure that there is safe effective treatment for NVP.
- Have you been prescribed any treatment by your GP or by hospital doctors? If so, then what?
- Is there anything you would like to ask us about NVP?
Be careful not to give false promises of complete recovery at 12 weeks. It is better to be realistic about the duration of hyperemesis and discuss longer-term coping strategies for the next few months. Disappointment over the pregnancy will already be profoundly felt, so a 'prepare for the worst, hope for the best' attitude can be helpful.

Future Support

- What support do you have at home?
- What form of future support do you need to help manage your condition?
- Would you like a referral to the charity Pregnancy Sickness Support?

Investigations

The following investigations should be standard during the diagnosis and management of the patient with hyperemesis although ongoing frequency will depend on the case severity and the initial results:

- Weight of patient
- Urinalysis
- Full blood count (FBC), urea and electrolytes (U&E) – possibly daily
- Liver function test (LFT), thyroid function test (TFT)
- Calcium and phosphate levels if severe
- Blood glucose
- Mid stream specimen urine (MSSU)

A MUST (Malnutrition Universal Screening Tool) or PUQE (Pregnancy-Unique Quantification of Emesis) should be used to assess the effectiveness of intervention. The PUQE tool is available in the Appendix.

On a first admission, a scan may be appropriate to assess for multiple foetuses and rule out a molar pregnancy.